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Attorney Docket Number

DECLARATION	FOR UTIL		ocket Number	TOR6	661				
DE	First Nam	ed Inventor	Salmon Cupid						
	PPLICATIO)N	COMPLETE IF KNOWN						
(37 CI	FR 1.63)	Applicatio	n Number						
Declaration	Declaration Submitted a Filing (surch	tion Filing Date							
Submitted OR With Initial		ted after Initial Art Unit		<u> </u>					
Filing (37 CFR 1.16 (e)) required)			Name						
I hereby declare that:									
Each inventor's residence, ma	ailing address, a	and citizenship are as stated	below next to	their name.					
I believe the inventor(s) name			s) of the subje	ct matter which is clain	med and for				
which a patent is sought on the	ie invenuon ent	ruea:							
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	YUN	IC STEE	ILP	AN Dr	$COM \sqcup $				
the specification of which		(Title of the Invention,							
is attached hereto									
OR									
OR	^^^								
OR was filed on (MM/DD/N	YYY)	as Un	ited States Ap	pplication Number or P	CT International				
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This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to:	Custome	r Number:	30	245	5	OR		Corresp	oondence address below
Name									
Anthony Edw. J Campbell									
Address									
PO Box 160370					<u></u>				
City				State					ZIP
Austin TX 78716-0370						78716-0370			
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.									
NAME OF SOLE OR FIRST IN	VENTOR:		Пар	etition h	nas be	en filed	for this	s unsigr	ned inventor
Given Name Fa				amily N r Surna	ame		upid		
la cartada									Date
Inventor's Signature									0EC -19-03
Residence: City	State			Coun	try			Citizer	nship
Whitby	ON			CANA	DA			CANAD	A
Mailing Address 57 Harrongate Place									
City	State		ZIP			Country			
Whitby		ON			L1	R-3E5			CANADA .
NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor									
Given Name (first and middle [if any])					Family Name or Surname				
Inventor's Signature					<u> </u>				Date
Residence: City	State			Coun	try			Citizer	nship
Mailing Address									
City	State				ZIP			Count	ry
Additional inventors or a legal re	presentative are bei	ng named on the	s	uppleme	ntal shee	et(s) PTO	/SB/02A	or 02LR a	attached hereto.

PTO/SB/81 (09-03)

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	Application Number	
	Filing Date	
	First Named Inventor	Salmon Cupid
	Title	ELECTRONIC STEEL PAN DRUM
	Art Unit	
	Examiner Name	
	Attorney Docket Number	TOR6661

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Applicant/Inventor.							
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)							
SIGNATURE of Applicant or Assignee of Record							
Name Salmon Cupid							
Signature 8							
Date PEC	- 19- 03		Telephone 9	os-655- 659/			
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.							
*Total of forms are submitted.							

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